

HEALTH HISTORY
(Summer Conference Groups)

Return to: **CAMP EMANUEL**
PO Box 752343
Dayton, Ohio 45475

YMCA MISSION:

To serve the whole community through programs expressing Judeo Christian principles that build a healthy spirit, mind and body.

GROUP: **CAMP EMANUEL**
Today's Date: _____ Camper Staff Dates Attending: _____

Name: _____ Age: _____ Birth date: _____
last first initial

Custodial Parent/Guardian: _____ Participant's Soc. Security # _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____
city state zip code

Second Parent/Guardian or Emergency Contact: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____
city state zip code

If not available in an emergency, notify: _____ Relationship: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____
city state zip code

Medical Insurance Co. _____ Policy # : _____

Note: The YMCA does not provide accident/health insurance.

Allergies:

- ___ Hay Fever
- ___ Ivy Poisoning
- ___ Insect Stings
- ___ Penicillin
- ___ Other Drugs _____
- ___ Asthma

Foods: _____

Other: _____

Dietary Restrictions: _____

Any restriction to activity: _____

Surgery or Serious Injuries date _____

Disability, Chronic, or Recurring Illness: _____

Additional Suggestions/Information from Parents: _____

Health Histories:

- ___ Frequent Ear Infections
- ___ Heart Defect/Disease
- ___ Seizures
- ___ Behavior Disorders
- ___ Rheumatic Fever
- ___ Hypertension
- ___ Sleepwalking
- ___ Bedwetting
- ___ Attention Def. Disorder

Fears/Phobias: _____

Date of Disease:

- ___ Chicken Pox
- ___ Measles
- ___ German Measles
- ___ Mumps
- ___ Bleeding Clotting Disorder
- ___ Hepatitis

Immunization History: (List most recent applicable dated, Mo/Yr)

___ DTP Series	___ Polio	___ Haemophilus influenza B
___ TD (tetanus/diphtheria)	___ MMR	___ Hepatitis B
___ Tetanus	___ or Measles	___ Varicella (chicken pox)
	___ or Rubella	
	___ or Mumps	

Physician: _____
Dentist/Orthodontist: _____
Other: _____

Important: Please notify camp if camper has been exposed to any communicable disease within three weeks prior to Camp start. All participants must have had a physical in the last 12 months. Written documentation is not required.

Date of last examination: _____

Prescription Medications (must be completed by physician and in original container. Bring only enough for camp stay.)

Name(s) of medications: _____

Dosages to be taken: _____

Duration of treatment: _____

Reason for taking: _____

Physician's Signature: _____ Date: _____

Nonprescription Medications (must be in original container) Takes no medication

Nonprescription taken now: _____

Dosage, specific times taken each day: _____

Reason for taking and any special instructions: _____

I have examined the above camper within the past **twelve months**. **Date examined:** _____

In my opinion, the above condition **does** / **does not** preclude his/her participation in an active camp program.

Height: _____ **Weight:** _____ **Blood Pressure:** _____

The applicant is under the care of a physician for the following condition(s):

Current Treatment: _____

Explanation of any reported loss of consciousness, convulsion, or concussion _____

Does applicant have epilepsy? **Yes or No** Does applicant have diabetes? **Yes or No**

Recommendations and Restrictions while at Camp:

Any treatment to be continued at camp: _____

Additional Health Information: _____

Physician's Signature _____

Street

City, State

zip code

phone

Form Completion: _____ By: _____

Initial if completed by nurse or physician's assistant

Permission to Treat Camp Emanuel Form

Camper's Name: _____

Important: This Box Must Be Completed for Attendance

I, _____ the parent/guardian of _____

Give Camp Emanuel and YMCA permission to :

1. Dispense _____ Ibuprofen or, _____ Acetaminophen (Tylenol) to camper (check preference).
2. Dispense medication(s) brought to Camp by parent/guardian or prescribed by a physician while in attendance.
3. Use photographs, slides or videotapes of the person named above for its records or public relations program.
4. Agree to hold harmless Camp Emanuel and YMCA, its agents, and employees for all claims alleging bodily injury or property damage occurring while the undersigned is a participant at a Camp Emanuel and/or YMCA sponsored activity on or off the YMCA premises.
5. Give permission for Camp Emanuel and/or YMCA to transport the camper as needed.
6. Give permission, if necessary, to search a camper's belongings when the health, well-being or safety of the camper or others require it. The camper and a second adult will always be present.

Permission to Provide Necessary Treatment or Emergency Care: I hereby give permission to the medical personnel selected by the camp director to provide routine health care: to administer medications; to order x-rays; routine tests; treatment; to release any records necessary for insurance purposes; to provide or arrange necessary related transportation for my child/or me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This health history is correct and complete as far as I know and the person herein described has permission to engage in all camp activities except noted.

Signature of parent/guardian or adult camper _____ **Date:** _____
(must be signed in ink, in the presence of notary) *****

Witness _____

Sworn before me and subscribed in my presence this _____ day of _____ 20____ - _____
Notary Public Signature

My commission expires _____

I also understand and agree to abide with the restrictions placed on my activities.

Signature of minor or adult camper/staff: _____

If for religious reasons you cannot sign this, please contact the Camp Executive Director, Ronni Stokes at 937-270-5635.

***** Notarization of this form is **not required**. Without notarization, in the event of accident or illness and the parent/guardian cannot be reached by telephone, the child cannot be treated. If you choose not to notarize, the form must be signed in ink. Your child will be treated in the event of life-threatening conditions. With the notarization, the Hospital can give immediate treatment without your telephone consent. All reasonable means to contact the parents/guardians will be made.

DATE: _____

CABIN: _____

SWIM BUDDY: _____

CAMP EMANUEL'S SWIMMING INFORMATION CARD

CAMPER: _____

AGE: _____

Please place an (X) by those areas which apply to your child's swimming experience. This form **must** be completed on all campers who will be swimming. Swimming will take place in a swimming pool.

___ **My child has a fear of the water**

___ **My child does not want to swim**

WATER ACCLIMATION

- ___ Will put face in the water
- ___ Will get in with float devices/life jacket
- ___ Will only stand in shallow end of the pool
- ___ Needs to wear nose plug or ear plugs

LESSONS

- ___ Has had swimming lessons
- ___ Red Cross, YMCA/YWCA swimming program lessons
- ___ Name of last level passed _____
- ___ Swims a little with help
- ___ Swims the width or length of the pool
- ___ Swims under water
- ___ Knows at least 3 different strokes
- ___ Can tread water
- ___ Floats on back
- ___ Dives from a board

CANOEING EXPERIENCE

- ___ Has been in a canoe
- ___ Has paddled a canoe

YMCA CAMP KERN

EQUINE (HORSEBACK RIDING) ACTIVITY WAIVER/RELEASE

I, _____, am over 18 years of age and acknowledge that YMCA Camp Kern is sponsoring equine activities (riding or otherwise handling horses, ponies, mules or donkeys whether from the ground or mounted), at Camp Kern in which I wish to participate. I recognize and acknowledge that my participation in such activities and any other activities which may include equine activities involves the possibility of inherent risks including, but not limited to, the following:

- The propensity of an equine to behave in ways that may result injury, death, or loss to persons on or around the equine;
- The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- Hazards, including but not limited to, surface or substance conditions;
- A collision with another equine, another animal, a person, or an object;
- The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

With full knowledge of the above and any other inherent risks which may be associated with equine activities, I hereby waive any and all claims for tort or civil actions of any kind which I or my heirs, personal representatives and next of kin may have or which may arise against Camp Kern as a result of my participation in such equine activities. On behalf of myself, my heirs, personal representatives and next of kin, I hereby release and discharge Camp Kern, its successors, assigns, affiliates, directors, officers, employees and agents from any and all liabilities, claims lawsuits, losses, costs, causes of action and damages of any kind originating or in any way arising from my participation in such equine activities.

I understand the Waiver and Release shall be valid for one year from the date below my signature, unless revoked in writing by me by notice to:

Camp Kern
5291 State Route 350
Oregonia, Ohio 45054

I HEREBY DECLARE THAT THE TERMS OF THIS WIAVER AND RELEASE HAVE BEEN COMPLETELY READ, ARE FULLY UNDERSTOOD AND ARE VOLKUNTARILY ACCEPTED FOR THE PURPOSES OF MY PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN.

DATE: _____

ADDRESS: _____

(Signature)

WITNESS SIGNATURE: _____

Printed Name

YMCA CAMP KERN
ACKNOWLEDGMENT OF RISKS
ASSUMPTION OF RISK AND RESPONSIBILITY & RELEASE OF LIABILITY+
PLEASE READ CAREFULLY

Although precautions are taken to provide organization for your participation in our program, there can be no guarantee about absolute safety against injury and unforeseeable accident. There are elements of risk in any adventure, sport or program involving physical exertion and risk taking, or associated with the outdoors (referred to herein as "activity"), and the use of any equipment for the activity. I understand that I may be involved in activities including, but not limited to problem-solving, team building initiatives, rope course, and/or physical activities. I acknowledge that I may decline to participate in any activity. Any participation will be voluntary.

ACKNOWLEDGMENT OF RISKS: I recognize the fact there is an inherent danger in any activity which involves physical exertion or risk taking that natural hazards do exist; that although the program may strenuous, injuries or medical complications may occur, that certain foreseeable and unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity; that balance and physical coordination: may affect the occurrence of accidents or falls, and that I should ask about other potential hazards and recommend precautions and procedures.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participation in the activity and/or using equipment. I/we participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illnesses, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

I assume the risk(s) of personal injury, accidents, and/or illness, including but not limited to, sprains, torn muscles, and/or ligament fractured or broken bones; eye damage; cuts, wounds scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck and/or spinal injuries; animal or insect bite or attack; injury caused by discharge or any weapon; shock, paralysis and/or death; and acknowledge that during the activity, if I/we experience fatigue, chill and/or dizziness, it may diminish my/our reaction time and increase the risk of an accident.

COVENANT OF GOOD FAITH: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate any activity due to forces of nature, medical necessities to other problems; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to achieving objectives.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury while participation in the activity. I will have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

RELEASE: In consideration of services or property provided, I for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns do hereby release "YMCA CAMP KERN" its principals, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property and activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

Group Name: **Camp Emanuel**

Participant Name: _____ Date: _____

Participant Signature: _____

If participant is under 18, a parent/guardian's signature is required.

Parent/Guardian: _____

MEDICAL RESTRICTIONS:

